

The following article reprinted by permission of the Physician Assistant Education Association details Dr. Paulk's barotrauma-induced brain injury and some details of his recovery.

When Educator Becomes Student

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MEDICINE THROUGH THE ARTS

In March of 2008 I had the misfortune (and fortune — more on that later) to suffer repeated barotrauma while deep-water diving off an island in Mexico. I ignored the warning signs and flew home only 24 hours after my last dives, despite being well aware that the clinician who treats himself has a fool for a patient. My symptoms worsened after landing in New York, yet I attributed the dizziness and cerebella symptoms to “sinus trouble.” It is worth noting that I have never had sinus trouble before; but fools go where angels fear...you get the picture. I made it to work the next day and sure enough, the neurological bomb finally exploded, leaving me essentially unable to speak (some of my professional friends found that refreshing) and — secondary to the evolving damage in Broca's area and my cerebellum — unable to walk. Fortunately, the physician who was teaching our students that day is trained in wilderness medicine. He recognized my symptoms and had me transported to the University of Pennsylvania's bariatric chamber for 11 hours of decompression. The final result of all this was a very frustrated PA educator trapped in a body and unable to formulate words correctly or even appropriately and entirely unable to walk without a cane and someone's assistance.

At the time, the clinicians entrusted with my care thought I would probably need years (years!) of rehabilitation before I could ever stand before a classroom, and there were no guarantees that I would ever return to normal. My boss graciously offered a leave of absence and my colleagues agreed to take over my duties. Our students were, understandably, questioning my colleagues as to what happened and whether I would return to the classroom. I felt they deserved an explanation before I left for my rehabilitation leave. Being an educator, I also thought that seeing the neurological manifestations of my condition might be beneficial to their training.

So, with the help and strong support of my colleagues, I went to class and answered questions as well as my profound and frustrating deficiency in word formation would allow. With my colleagues' assistance, I was able to demonstrate to the class several aspects of the neurological examination to show the deficits present in people with my type of brain injury. Some of the students cried (to be completely truthful, so did I), some stared in disbelief; however, to a person each student was respectful and very concerned. This touched me deeply. I had previously felt that my responsibility for much of their didactic testing had probably caused all of them, at one point or another, to dream of roasting me over a bonfire fueled by the National Board of Medical Examiners' Item Writing Manual while beating me about the head with Harrison's Principles of Internal Medicine.

Then, something extraordinary occurred. A group of students sought me out and strongly insisted that I stay. I explained that I could not even formulate proper words, much less teach in a coherent fashion, yet they all offered to support me through the ordeal and help me fulfill my teaching responsibilities. And so they did. For months on end, while colleagues, family, and friends traveled literally miles out of their way to transport me to Arcadia from my home and back again, the students patiently (yes, patiently!) helped me as I struggled with the cognitive processes of formulating coherent thoughts, words, and sentences. If there was frustration on their part, I never felt it — and I certainly never saw it. Without a word, they helped me as I struggled to make my way about the building. I would weave like a besotted drunk down the hall, and before I knew it, a helpful arm would be looped in mine to assist me in my staggering journey to another classroom, office, or bathroom that now seemed miles away. When I randomly mentioned a newly “rewired” affinity for rocky road ice cream, the students showed up one day with at least 5 gallons of it! With my colleagues’ help, I continued to write test questions and participate in PA education, and my students continued to discuss and argue about issues covered in class and questions on exams. For them, and in part for me, it was as if nothing had changed. Whatever disabilities I had were non-existent as far as those around me were concerned.

So what did I learn from this experience? Why does my misfortunate accident also have a fortunate side? Through this experience I learned that love, concern, and compassion know no boundaries and that most, if not all, students truly do care and appreciate the educators who work so hard to transform them into competent, confident clinicians.

Their attempts to understand me and my injury led me to reciprocate by truly involving me in their lives. I learned more about my students as people by asking about them and becoming, in effect, a surrogate parent/big brother. I realized that I needed to give more of myself to students who were putting most, if not everything, on the line to pursue a profession singularly dedicated to helping others.

I also learned courage, particularly from one student who was diagnosed with non-Hodgkin’s lymphoma during her physical diagnosis course and who never missed one day of her didactic or clinical year despite undergoing chemotherapy. I often watched this student run down the hall to vomit because of the side-effects of the therapy she had received before classes began for the day. I noted the perseverance of a young student who completed PA school despite finding her brother senselessly gunned down on her family’s front porch. I watched the courage of a student whose father, a robust physical education teacher, received a diagnosis of amyotrophic lateral sclerosis (Lou Gehrig’s disease) on the student’s first day of PA school. This student’s father steadily deteriorated week by week to the point where his death was clearly imminent. This student never lost her sense of humor, her love of our profession, or her willingness to help her colleagues despite traveling home every weekend to care for her father. She never complained, and had it not been for an overheard remark, I doubt that I would even have known of her situation. And these stories are truly the tip of a very large iceberg that I would

wager is ever-present in the classrooms and halls of all of our programs, but often unrecognized by many PA educators.

I truly don't know if the "rewiring" of my brain has increased my appreciation for the lives of my students or simply reawakened the joy of teaching. I truly don't care how the change occurred. It feels that my attitude about this wonderful profession should have been this way all along, when I know at times it was not. The true joy of teaching has reappeared for me and is manifested in the simplest occurrences — such as the happiness a student feels when he or she sees a retina for the first time or finally understands murmurs and their clinical presentation. It is a thing of beauty to see a foreign student who gave up a life of relative comfort grasp the hand of a patient (even a simulated objective standardized clinical education patient) and sincerely inquire about her problem.

What did I learn from these students beside the courage, joy, determination, intelligence, compassion, care, and love they exhibited? I learned how to live a life full of purpose and to appreciate how infinitely fragile and precious life is. I learned how to be cared for (believe me, it is an art unto itself), and in turn, how to truly care for others. In effect, these students taught an old PA, an old PA educator, how to live life again. I will always carry their lessons in my heart and I can assure you that their example will drive the rest of my career as I pledge diligently to teach, understand, care, and yes, love my future students.